

For taxable year beginning ____/____/____, and ending ____/____/____

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X	Your social security number or federal employer ID number
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Eligibility questions

- A. Have you been notified by the Department of Environmental Quality (DEQ) that you are liable or responsible for corrective action? ☐ Yes ☐ No
If the answer to this question is yes, you are not eligible for this credit.
- B. Was the corrective action taken certified by DEQ as having been performed and as meeting the requirements of ARS § 49-1005? ☐ Yes ☐ No
If the answer to this question is no, you are not eligible for this credit.

Part I Schedule of Cost of Corrective Actions

	(a) Date of corrective action	(b) Cost of corrective action	(c) Reimbursement received from DEQ	(d) Net cost of corrective action (subtract column (c) from column (b))
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	TOTAL - add lines 1 through 10 in column (d)			

* A complete description of the item must be entered in Part III on reverse side.

Part II Calculation of Tax Credit for Current Taxable Year

- 12 Total available credit - multiply the amount from Part I, line 11, column (d) by 10 percent (.10). Enter the result here and on Form 300, Part I, line 9 or Form 301, Part I, line 11.....

12		
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Part III Description of Corrective Actions

Item Number	Description
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	